Approved for use through 7/31/2006 CMB 0651-0032 U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a yeard CMB control number. Substitute for Form PTO-875 Application or Docket Humber Effective December 8, 2004 0 APPLICATION AS FILED - PART I 480 £ (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED BASIC FÉE NUMBER EXTRA (37 CFR | 16(0) (b) a (c)) RATE (\$) FEE (1) NA RATE (\$) N/A SEARCHFEE NA FEE (\$). 150.00 137 CFR 1 16(N. H). or (m) NA ŇA 300.00 EXAMINATION FEE N/A NA \$250 (37 CFR 1 16(0). (p). or (q)) NA N/A \$500 TOTAL CLAIMS N/A \$100 (37.CFR 1 16(1)) 'NA minus 20 . \$200 INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR a, C eunim X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR | 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1) +180= * If the difference in column 1 is less than zero, enter "O" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY AFTER AMENDMENT NUMBER PRESENT RATE (\$) PREVIOUSLY ADDI-EXTRA RATE(\$) Total pr cer Lingin PAID FOR TIONAL ADDI. FINDM Minus FEE (S) TIONAL α 5 FEE (1) professions X\$ 25 Minus X\$50 2 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL ADD'L FEE OR (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS 0 HIGHEST REMAINING NUMBER MENDMENT PRESENT AFTER. PREVIOUSLY RATE (\$) AMENDMENT EXTRA ADDI-RATE (\$) Tolei profr.i.16(i) PAID FOR TIONAL ADOI. Minus TIONAL FEE (\$) FEE (\$) fridependent . X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR * If the entry in column 1 is less than the entry in column 2, write "of in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**CED 4.46 The Industrial is coulded by 27 CED 4.46 The Industrial is coulded to abtain or retain a baseful by the number while TOTAL TOTAL, ADD'L FEE The Trigness number Previously-Paid For (Total or Independent) is the nigness number round in the appropriate pox in column 1.

Excellection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time vouseanities to complete applications for reducing this burden, should be cent to the Chief Information Comments. auding gamening, preparing, and summitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Applications for the Chief Information Officer, U.S. Patient Applications for Description of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS